

PART B - FEE(S) TRANSMITTAL

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22908 7590 12/13/2004
BANNER & WITCOFF, LTD.
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(Depositor's name)
(Signature)
(Date) 03-11-05

03/14/2005 LWONDIH2 00000060 190733 09320921

01 FC:1501 1400.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/30/921	05/27/1999	MICHAEL P. GUHEEN	ANDIP101	5611

TITLE OF INVENTION: BUILDING, MANAGING, AND SUPPORTING VARIOUS COMPONENTS OF A SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DIXON, THOMAS A	3629	705-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Banner & Witcoff, Ltd.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Accenture LLP

Chicago, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid Issue fee to the application identified above.
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Authorized Signature

Kenneth F. Smolik

Date 03-11-05

Typed or printed name

Kenneth F. Smolik

Registration No. 44,344

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FAX: 312.463.5001
www.bannerwitcoff.com**FACSIMILE TRANSMITTAL SHEET****TO:**
ISSUE FEE**FROM:**
Kenneth F. Smolik**COMPANY:**
USPTO**DATE:**
03/11/2005**FAX NO.:**
(703) 746-4000**TOTAL NO. OF PAGES:** (including cover sheet)
4**YOUR REFERENCE NO.:**
09/320,921**OUR REFERENCE (C/M) NO.:**
005222.00262**RE:** In re: Appln. Of Michael F. Guheen et al.
Appln. No. 09/320,921
Filed: May 27, 1999
For: Building, Managing, and Supporting Various Components of a System**OFFICIAL FAX***If you do not receive all page(s) or have any problems receiving this transmission, please call:***NAME:**
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312-463-5560**COMMENTS:**

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PTO/SB/21 (09-04)

Approved for use through 07/11/2008. CMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/320,921	
	Filing Date	May 27, 1999	
	First Named Inventor	Michael F. Guheer	
	Art Unit	3629	
	Examiner Name	Dixon, Thomas A.	
Total Number of Pages in This Submission	4	Attorney Docket Number	05222.00262

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85; Fax Cover Sheet
Remarks A duplicate of the PTOL-85 is enclosed. The Commissioner is authorized to debit or credit any overpayment or deficiency from our Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature	<i>Kenneth F. Smolik</i>		
Printed Name	Kenneth F. Smolik		
Date	03/11/2005	Reg. No.	44,344

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Signature	<i>Nancy Mumz</i>		
Typed or printed name	Nancy Mumz	Date	03/11/2005

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